

Application No.: 10/540,660

Docket No.: 17114/007001

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Dated: December 2, 2005

Signature:

Sophie M. Bolt
(Sophie M. Bolt)

Docket No.: 17114/007001
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Istvan Bencze et al.

Application No.: 10/540,660

Confirmation No.: 2901

Filed: June 23, 2005

Art Unit: N/A

For: METHOD AND SYSTEM FOR
CONDENSATION OF UNPROCESSED WELL
STREAM FROM OFFSHORE GAS OR GAS
CONDENSATE FIELD

Examiner: Not Yet Assigned

RESPONSE TO NOTICE TO FILE MISSING REQUIREMENTS

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Requirements – Filing Date Granted mailed October 3, 2005, Applicant respectfully submits a Combined Declaration and Power of Attorney, the Filing Fee for the Application (as shown on accompanying Fee Transmittal), and a copy of the Notice.

Please charge our Credit Card in the amount of \$565.00 covering the fee set forth in 37 CFR 1.16(f), 1.16(a)(1), 1.16(k), and 1.16(o). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed.

Application No.: 10/540,660

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The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 17114/007001.

Dated: December 2, 2005

Respectfully submitted,

By 

Jonathan P. Osha
Registration No.: 33,986
OSHA · LIANG LLP
1221 McKinney St., Suite 2800
Houston, Texas 77010
(713) 228-8600
(713) 228-8778 (Fax)

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U.S. PATENT AND TRADEMARK OFFICE DEC 02 2005 Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005	Complete if Known	
	Application Number	10/540,660-Conf. #2901
	Filing Date	June 23, 2005
	First Named Inventor	Istvan Bencze
	Examiner Name	Not Yet Assigned
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	N/A
TOTAL AMOUNT OF PAYMENT	(\$)	565.00
	Attorney Docket No.	17114/007001

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u>		Deposit Account Name: <u>Osha · Liang LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	500.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)	505	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
11	- 20 = 0	x 25 = -0-
Indep. Claims	Extra Claims	Fee (\$)
1	- 3 = 0	x 100 = -0-
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	
180.00	-0-	

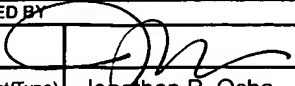
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
13	- 100 = 0	/50 0 (round up to a whole number) x	125.00	-0-

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 2051 Surcharge-Late filing fee 65.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	December 2, 2005

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Dated: December 2, 2005

Signature: Sophie M. Bolt (Sophie M. Bolt)



12/05/05

IAP10 Rec'd PCT/PTO 02 DEC 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/540,660-Conf. #2901
		Filing Date	June 23, 2005
		First Named Inventor	Istvan Bencze
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	17114/007001

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Combined Declaration and Power of Attorney (5 pages) Copy of Notice (2 pages) Credit Card Payment Form (PTO-2038) (1 page) Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	OSHA · LIANG LLP		
Signature			
Printed name	Jonathan P. Osha		
Date	December 2, 2005	Reg. No.	33,986

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